

PRINTED: 10/25/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2012
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments This Rule is not met as evidenced by: During the complaint investigation number 30557, conducted on October 24, 2012, at Adams Place, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 001		
N 753	1200-8-6-.06(9)(d)1. Basic Services (9) Food and Dietetic Services. 1. Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the residents and must be prepared and served as prescribed. This Rule is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide a therapeutic diet for one resident (#245) during random observation. The findings included: Res #245 was admitted to the facility on November 27, 2006, with diagnoses of Osteoarthritis, Spinal Stenosis, Dysphagia, and Dementia. Medical record review of a Speech Therapy Plan of Treatment dated January 13, 2012, revealed "...skilled services completed...modified diet based on changes in swallow impairments...discharge summary...ST (speech therapy) to address dysphagia...recommended and modified diet based on changes in swallow impairments...nectar thick liquids..."	N 753	N753 It is the policy and procedure of AdamsPlace HCC to ensure that therapeutic diets are prepared and served as prescribed by the practitioner. Resident #245, the MD and the resident's family were all notified on 10/22/12. The CDM observed the consistency of liquids for all residents identified with a diet order for nectar thickened liquids to ensure beverages were prepared to the proper consistency on 10/22/12. The CDM in-serviced the food service staff on 10/22/12 regarding the proper way to prepare beverages to a nectar thick consistency. The CDM and/or designee will complete a QA monitor weekly for 3 weeks and as needed to ensure ongoing compliance.	11/9/12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6829

WBQ911

Administrator
11/8/12

If continuation sheet 1 of 2

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N 753	<p>Continued From page 1</p> <p>Medical record review of the care plan dated September 19, 2012, revealed "...assist pt (patient) with feeding in an upright position prn (as needed)...nectar thick liquids...therapeutic diet with no intolerance to diet consistency..."</p> <p>Medical record review of the October 2012, physician's recapitulation orders revealed "...Diet: NAS (no added salt), pureed foods, nectar thick liquids, no straws...Aspiration Precautions..."</p> <p>Observation on October 22, 2012, at 11:10 a.m., in the second floor dining room, revealed resident #245 eating soup with crackers and drinking coffee. Continued observation at this time revealed the resident was coughing and spilled soup and coffee on self. Continued observation revealed Dietary Aide #1 changed the resident's napkin, and asked the resident, "What are you choking on?"</p> <p>Interview with the Certified Dietary Manager #1 on October 22, 2012, at 11:15 a.m., in the second floor dining room, revealed the resident's coffee was not nectar thick consistency. Continued interview at this time confirmed the facility failed to provide a prescribed diet of nectar thick liquids for resident #245.</p>	N 753			